

EXHIBITS A-F

EXHIBIT A

RAPHAEL SHANNON
LORI A. NORD
DIANE SIDD-CHAMPION
PATRICIA A. MCCORMICK
ELIZABETH J. MASSON
ANA P. PEREZ

MCCARTHY, JOHNSON & MILLER
LAW CORPORATION
595 MARKET STREET, SUITE 2200
SAN FRANCISCO 94105-2834
TEL: (415) 882-2992
(916) 443-0726
FAX: (415) 882-2999

P. H. MCCARTHY, JR.
(1906-1983)
HERBERT S. JOHNSON
(1911-1989)
JAMES E. MILLER
(RETIRED 2007)

September 24, 2009

Clerk of the United States Bankruptcy Court
Attn: Lehman Brothers Holdings Claim Processing
One Bowling Green
New York, New York 10004

Re: California Winery Workers' Pension Plan Trust Fund- Proof of Claim

The California Winery Workers' Pension Plan Trust Fund ("Trust Fund") respectfully requests the United States Bankruptcy Court/Southern District of New York allow this tardy proof of claim. Due to circumstances beyond our control the enclosed proof of claim is being filed tardy.


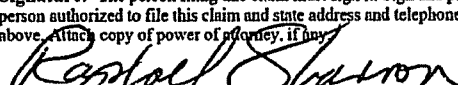
In July 2009, I was informed that the custodian of the derivatives which form the basis for this claim would file the proof of claim on behalf of the Trust Fund as creditor. In the past, the custodian has filed such proof of claims on behalf of the Trust Fund as they have access to the information required to file the proof of claim. I sought confirmation that the proof of claim had been filed by the custodian, but was not informed until September 22, 2009 that the custodian did not intend to file the proof of claim because they felt they did not have enough information to file the claim. As soon as we were informed that the custodian would not file the claim, we began collecting the information necessary to file the proof of claim. However, due to the late date on which we were informed that the claim would not be filed by the custodian, we were unable to collect the necessary information to file the proof of claim until today September 24, 2009, which we are filing as agent for this creditor.

In consideration of these circumstances, we respectfully request the Court accept this tardy proof of claim. We will submit the additional documentation to support the derivative claim by the October 22, 2009 deadline.

Sincerely,


RAPHAEL SHANNON
AGENT FOR TRUST FUND

RS:AP: al
Enclosure

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000036757	
Name of Debtor Against Which Claim is Held Lehman Brothers Special Financing Inc. and Lehman Brothers Holdings Inc.	Case No. of Debtor 08-13888 08-13555		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities. (See definition on reverse side.)		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) California Winery Workers' Pension Plan Trust Fund Attn: Raphael Shannon, Esq. McCarthy, Johnson & Miller LC 595 Market Street, Suite 2200 San Francisco, CA 94105		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: (415) 882-2992 Email Address: rshannon@mjmlaw.us			
Name and address where payment should be sent (if different from above) same as above			
Telephone number: _____ Email Address: _____			
1. Amount of Claim as of Date Case Filed: \$ <u>93,688.37</u> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6. <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____	
2. Basis for Claim: <u>Amounts owed under derivative contract governed by FXall Master Agreement dated 3/29/2007.</u> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <u>n/a</u> 3a. Debtor may have scheduled account as: <u>n/a</u> (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
Date: 9/24/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  RAPHAEL SHANNON, AGENT		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

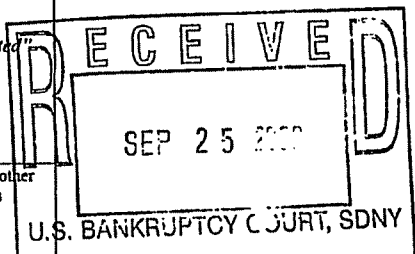


EXHIBIT B

EPIQ SYSTEMS
757 THIRD AVENUE
THIRD FLOOR
NEW YORK, NY 10017

P 646 282 2500 F 646 282 2501
757 THIRD AVENUE, NEW YORK, NY 10017
WWW.EPIQSYSTEMS.COM



MAILID *** 0004893217 ***

**** LBH CLMLTR (MERGE2,TXNUM2) 4000082934 ****

CALIFORNIA WINERY WORKERS' PENSION PLAN TRUST FUND
ATTN: RAPHAEL SHANNON, ESQ.
MCCARTHY, JOHNSON & MILLER LC
595 MARKET STREET, SUITE 2200
SAN FRANCISCO, CA 94105

December 02, 2009

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor: LEHMAN BROTHERS SPECIAL FINANCING INC.
Case Number: 08-13888
Creditor: CALIFORNIA WINERY WORKERS' PENSION PLAN TRUST FUND
Date Received: 09/25/2009
Claim Number: 36757

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."

WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU. PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, acces codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC

EXHIBIT C

RAPHAEL SHANNON
LORRA A. NORD
DIANE SIDD-CHAMPION
PATRICIA A. MCCORMICK
ELIZABETH J. MASSON
ANA P. PEREZ

MCCARTHY, JOHNSON & MILLER
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JAMES E. MILLER
(RETIRED 2007)

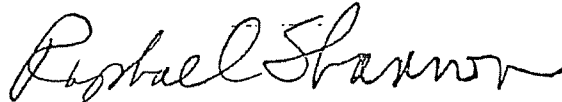
October 21, 2009

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claim Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

Re: California Winery Workers' Pension Plan Trust Fund- Proof of Claim
Claim Number 36757

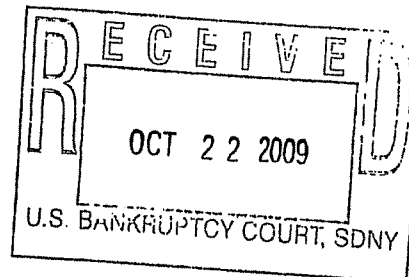
The attached proof of claim amends the previously submitted claim number 36757, received by the Court September 25, 2009. Please return the enclosed copy in the self-stamped envelope to confirm the Court's receipt of the enclosed amended proof of claim.


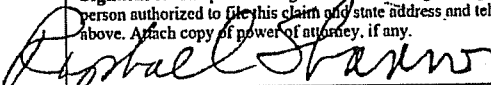
Thank you,



RAPHAEL SHANNON
AGENT FOR TRUST FUND

RS:AP: al
Enclosure



United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000044972	
Name of Debtor Against Which Claim is Held Lehman Brothers Special Financing Inc. Lehman Brothers Holdings Inc.	Case No. of Debtor 08-13888 08-13555		
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Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) California Winery Workers' Pension Plan Trust Fund Attn: Raphael Shannon, Esq. McCarthy Johnson & Miller LC 595 Market Street, Suite 2200 San Francisco, CA 94105		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 36757 (If known) Filed on: 9/25/2009	
Telephone number: (415) 882-2992 Email Address: rshannon@mjmlaw.us		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where payment should be sent (if different from above) same as above			
Telephone number: Email Address:			
1. Amount of Claim as of Date Case Filed: \$ 187,838.58 If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6. <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority: \$	
2. Basis for Claim: Amounts owed under derivative contract governed by FXall Master Agreement dated 3/29/2007. (See instruction #2 on reverse side.)			
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Date: 10/21/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  RAPHAEL SHANNON, AGENT		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

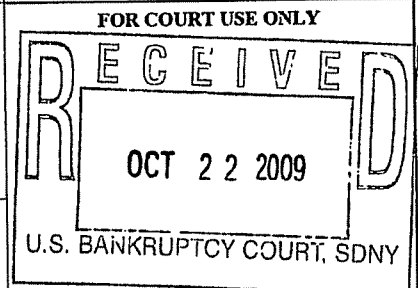


EXHIBIT D

EPIQ SYSTEMS
757 THIRD AVENUE
THIRD FLOOR
NEW YORK, NY 10017

P 646 282 2500 F 646 282 2501
757 THIRD AVENUE, NEW YORK, NY 10017
WWW.EPIQSYSTEMS.COM



MAILID *** 0004893780 ***

**** LBH CLMLTR (MERGE2,TXNUM2) 4000091675 ****

CALIFORNIA WINERY WORKERS PENSION PLAN TRUST FUND
ATTN: RAPHAEL SHANNON, ESQ.
MCCARTHY JOHNSON & MILLER LC
595 MARKET STREET, SUITE 2200
SAN FRANCISCO, CA 94105

December 02, 2009

ACKNOWLEDGEMENT OF RECEIPT OF PROOF OF CLAIM

This letter serves as acknowledgement that the claim identified below has been recorded by Epiq Bankruptcy Solutions, LLC, the court-approved claims agent, on the claims register in the LEHMAN BROTHERS HOLDINGS INC. case. It is also publically available at the following website address: <http://chapter11.epiqsystems.com/LBH>. To ensure that your claim has been recorded correctly, please review the following information:

Debtor:	LEHMAN BROTHERS SPECIAL FINANCING INC.
Case Number:	08-13888
Creditor:	CALIFORNIA WINERY WORKERS PENSION PLAN TRUST FUND
Date Received:	10/22/2009
Claim Number:	44972

Please note that nothing in this Acknowledgement should be construed to mean or imply that your claim is being allowed. The Debtor may elect to object to the identified claim on various grounds.

We strongly encourage you to review your submitted proof of claim on our website at the address listed above. To find your imaged claim, click on the "Filed Claims & Schedules" link at the top of the page, type in your claim number in the "Claim #" field, and click "Search."

WHEN REVIEWING YOUR CLAIM, PLEASE BE AWARE OF ANY PERSONALLY IDENTIFIABLE INFORMATION ("PII") SUBMITTED BY YOU. PII can include information used to distinguish or trace an individual's identity, such as their social security number, biometric records, drivers license number, account number, credit or debit card number (including any passwords, acces codes or PIN numbers), etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

The Proof of Claim Form allows for redacted documents. If you identify any PII in your filed claim, please contact us immediately at (646) 282-2400 or via our contact form on our website at <http://www.epiq11.com/contact.aspx> so we may assist you in redacting this information. Please be sure to specify the client/debtor about which you are inquiring.

You may also contact by either of the methods listed above should you have any other questions.

EPIQ BANKRUPTCY SOLUTIONS, LLC

EXHIBIT E

LBSF-CalWine.xls

Currency Legend:
DKK - Danish Krone
EUR - EURO
GBP - Pound Sterling
JPY - Japanese Yen
KRW - Korean Won
NOK - Norwegian Krone
PLN - Polish Zlotych
RUB - Russian Rubles
SEK - Swedish Krona
BRL - Brazilian Real

Type	Port	Legal Entity	Bant Acct#	TRADE	SETTLE	SECURITY	Foreign Currency	CRSS RATE	USD Currency
Forward Sell	CWWPP	California Winery Workers Pension Plan	610001348-06	8/26/2008	9/29/2008	-BRL Cash	-2,863,450.76	1.6546	1,730,600.00
Forward Buy	CWWPP	California Winery Workers Pension Plan	610001348-06	9/16/2008	9/29/2008	-BRL Cash	2,863,450.76	1.8555	-1,543,223.00

EXHIBIT F

Case No. 08-13888 (JMP)

Sch G
Executory Contracts and Unexpired Leases
G: Derivative Contracts

Lehman Brothers Special Financing Inc.

Contract Counterparty	Address 1	Address 2	Address 3	City	State	Zip	Country	Contract Description
CALIFORNIA COUNTY TOBACCO SECURITIZATION AGENCY - PLACER COUNTY	State Street Bank and Trust	CDO Services Group, Mail Code: EUC108	200 Clarendon Street	Boston	MA	2116	United States	Derivative Master Account Number 030106THEC
California Endowment	PIMCO	840 Newport Center Drive	Suite 100	Newport Beach	CA	92660	UNITED STATES	Derivative Master Account Number 0109010235
CALIFORNIA FIELD IRONWORKERS PENSION PLAN	Western Asset Management Co.	385 East Colorado Blvd		Pasadena	CA	91101	UNITED STATES	Derivative Master Account Number 0914051309
California Housing Finance Agency	1121 L Street, 7th Floor			Sacramento	CA	95814	UNITED STATES	Derivative Master Account Number 072303AIGF
California Lutheran University	60 West Olsen Road			Thousand Oaks	CA	91360	UNITED STATES	Derivative Master Account Number 111204CLU
CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)	c/o Calpers- Investment Office	400 Q Street, Suite E4800		Sacramento	CA	95814	UNITED STATES	Derivative Master Account Number 071503NAPA
CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)	Calpers - Investment Office	400 Q Street, Suite E4800	Lincoln Plaza East	Sacramento	CA	95821-9001	UNITED STATES	Derivative Master Account Number 021904CPR
CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM	Western Asset Management Co.	385 East Colorado Blvd		Pasadena	CA	91101	UNITED STATES	Derivative Master Account Number 120106WEST
California Wellness Foundation	Western Asset Management Co.	385 East Colorado Blvd		Pasadena	CA	91101	UNITED STATES	Derivative Master Account Number 072202WAMC
CALIFORNIA WINERY WORKERS PENSION PLAN TRUST	5780 Powers Ferry Road, N.W., Suite 300			Atlanta	GA	303274390	United States	Derivative Master Account Number 050508INGI
CALYON	Foreign Exchange Dept	1301 Avenue of Americas		New York	NY	10019	UNITED STATES	Derivative Master Account Number 68103BQNY
Calyon	1301 Avenue of the Americas			New York	NY	10020	UNITED STATES	Derivative Master Account Number 39692BQSZ
CALYON	17-00 6 Raffles Quay			Singapore			Singapore	Derivative Master Account Number 051796BISI
Camden County Municipal Utilities	1645 FERRY AVE			Camben	NJ	8104	United States	Derivative Master Account Number 030195CCMU
Camden-Clarke Memorial Hospital	800 Garfield Avenue	PO Box 718		Parkersburg	WV	26101	UNITED STATES	Derivative Master Account Number 072004HOSP